

AO 440 (Rev. 12/09) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the

Southern District of New York

JUDGE CAPRONI

Raymond Junior Miller }
Plaintiff }

15 CV 7019

Civil Action No.

St Luke's Roosevelt Hospital Center
d/b/a Mount Sinai Roosevelt Hospital
Defendant

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address)

St Luke's Roosevelt Hospital Center
d/b/a Mount Sinai Roosevelt Hospital
114th (Manhattan Ave) Amsterdam Ave
10025 NY

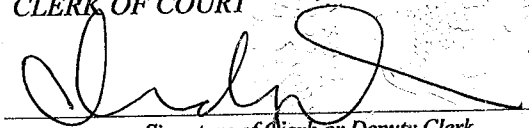
A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Raymond Miller
1124 Burke Ave
Bronx, NY 10469

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT



Signature of Clerk or Deputy Clerk

Date: SEP 04 2015

USDC SDNY
DOCUMENT
ELECTRONICALLY FILED
DOC #:
DATE FILED: 9/16/15

Civil Action No. _____

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*This summons for (name of individual and title, if any) _____
was received by me on (date) 9/15/15.Mount Sinai St Lukes Hospital☐ I personally served the summons on the individual at (place) _____

on (date) _____; or

☐ I left the summons at the individual's residence or usual place of abode with (name) __________, a person of suitable age and discretion who resides there,
on (date) _____, and mailed a copy to the individual's last known address; or☒ I served the summons on (name of individual) Ken Romanello, who is

designated by law to accept service of process on behalf of (name of organization) _____

Mount Sinai St Lukes Hospitalon (date) 9/15/15; or☐ I returned the summons unexecuted because _____; or☐ Other (specify): _____My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00.

I declare under penalty of perjury that this information is true.

Date: 9/15/15

Server's signature

PO BOSS

Printed name and title

167 E 51 ST NY NY

Server's address

Additional information regarding attempted service, etc: